



## PRINCIPAL/COUNSELOR RECOMMENDATION FORM

### Applicants to Grades 3 - 12

The **QSI International School of Tbilisi** is a private non-profit institution that has 37 schools in 30 different countries, founded in 1991. **QSIT** offers high quality education in the English language for students in grades Pre-kindergarten through 12th. The Admissions Office would appreciate your confidential opinion of the candidate \*\*

Parents have signed permission for **QSIT** to request this information and have waived the right to access the information you give us on this form.

Please **complete** form and **return** via email (tbilisi@qsi.org) **to the QSI International School of Tbilisi.**

Name of student: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

Name of evaluator: \_\_\_\_\_

Name of present school: \_\_\_\_\_

City/Country of School: \_\_\_\_\_

Length of time acquainted with student: \_\_\_\_\_

How often do you have contact with this student?     Daily             Weekly             Occasionally

### CONFIDENTIAL PERSONAL RATING FORM – School Counselor

➤ Has this student received any of the help listed below at your school, and do you feel that these services need to be continued: *Please **select / complete** as appropriate*

Service	Received	Period/Hours/week	Needs to be continued
• English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
• Special Education Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
• Remedial Help/Tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
• Speech Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

➤ Please provide a written narrative that would help **QSI** Tbilisi become better acquainted with this student and their academic performance.



➤ Indicate the applicant's overall current academic placement within your school: Please **tick** most appropriate

Top half of class <input type="checkbox"/>	Average range <input type="checkbox"/>	Below average <input type="checkbox"/>
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➤ Does student have special **psychological / emotional / behavioral** needs that need to be addressed in our school? Has there been any **disciplinary action** as a consequence?  Yes  No

*If yes, please explain*

➤ Are there any special testing results or evaluations of which you are aware?  Yes  No

*If yes, please explain*

➤ Do you have any reason to suggest that this student should be evaluated and/or referred for special educational or psychological services?  Yes  No

*If yes, please explain*

➤ Are there any special strategies or interventions that have been used with this student that you would recommend we continue?  Yes  No

*If yes, please explain*

➤ Is this child receiving any special medication related to assisting him/her in the school setting?  Yes  No

*If yes, please explain*

Additional comments about this child's academic strengths, weaknesses, learning style, social skills and/or personal qualities would be greatly appreciated.

**\*\*\* I hereby certify that the information above is accurate and complete to the best of my knowledge. \*\*\***

*If you would like us to call you concerning this student, please check here.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

E\_mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_